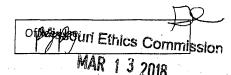


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



1	Statement Information Date: 37/-2018		
	Type: New Amended (if amending, enter MEC ID	77019 & section ch	anged)
2	Committee Information		,
De	C. F. ZERS for Brandon Bosley		
P	Name of Committee		
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	pnèrs
	Committee Type: 🗖 Campaign □ Candidate □ Continuing (P.		
3.	Treasurer/Deputy Treasurer Information		
•	Lucinda Fraziek Treasurer's Name (First & Last)		
	~ ^	1214 11121-8017	17411 009 6529
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)		_
	2439 F. Fary St. Louis Mo 63107 Deputy Treasurer's Mailing Address, Eity, State, & Zip	(314) 583-5140	(314) 2211 - 1,00 Dep. Treasurer's Work Telephone Number
		Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Office S Name & Title (ifany)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	lity State & Zin
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	Yes (refer to instructions on i	back) 🗆 NO
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	tarin kanadan
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commi	ttees)	
	I affirm and attest under penalty of perjury that information and		
	further acknowledge that I am aware that any false statement or de	eciaration made herein is p <u>uni</u>	snable under Ch. 575 RSMo.
	Committee Treasurer	Candidate (Candidate Committees Only)	